



Dr. Melissa R. Franklin is a public health leader with over 25 years of experience in organizational development and communications for both public health and public education. She entered the work of supporting communities after she lost almost 300 colleagues in 9/11 terrorist attacks while working in private industry. That horrific event placed within her a desire to dedicate her life to making a positive impact in communities. Since then, her life's work has focused on transforming systems.

Dr. Franklin was appointed Director of Maternal, Child, and Adolescent Health, for the Los Angeles County Department of Public Health's Health Promotion Bureau in November of 2022. In this capacity, she oversees programs that support the health and wellbeing of pregnant individuals, infants and children, including the African American Infant and Maternal Mortality Prevention Initiative (which she helped launch in 2018 as a Pritzker Fellow), Black Infant Health Program, Asthma Coalition, Childhood Lead Poisoning Prevention Program, Help Me Grow, Home Visitation Programs, and Positive Youth Development.

With expertise in social justice, birth equity, communities of color, prior to joining LAC DPH Dr. Franklin consulted on launch of initiatives for the Bezos Foundation, Pritzker Foundation, Los Angeles County Department Public Health, the Los Angeles County Metropolitan Transportation Authority, California WIC Association, PHFE-WIC, place based initiatives, and home visiting programs. She also has experience in the education sector, having provided communications and stakeholder engagement consulting services to the LA County Office of Education Office of Early Head Start/Head Start, Compton Unified School District, and Los Angeles Unified School District.

Dr. Franklin earned a Doctor of Education in Organizational Change and Leadership from the University of Southern California, a Master of Business Administration and Bachelor of Arts (Business) from Loyola Marymount University. Her doctoral studies focused on achieving breakthroughs in equity through the efforts of collaborative groups. The implementation of the recommendations from her dissertation won funding by the Gates foundation. She is a mother of two children who brings to her work her own story of birth trauma and inequity. She is a resident of South Los Angeles, California.

## **Adjoa Jones, MBA**

*AAIMM Outreach & Engagement Director, Doula, CLES, Public Health Leader, Black Maternal/Infant Health and Reproductive Justice Advocate*



Adjoa Jones began her career in public health with the L.A. County Department of Health Services (DHS) as a Student Professional Worker. During her tenure with the Immunization Program, a fellow colleague recommended her for a Community Health Worker position with Great Beginnings for Black Babies, which subsequently led to the beginning of her work with women, children and their families. Simultaneously, she received her BS in Health Science-Health Care Administration from CSU Dominguez Hills, and at the height of the pandemic received her MBA in Nonprofit Management at the American Jewish University, while also becoming a Certified Lactation Education Specialist and Doula.

Adjoa currently serves as the African American Infant and Maternal Mortality (AAIMM) Outreach and Engagement Director at Maternal, Child and Adolescent Health Programs of the Health Promotion Bureau within the L.A. County Department of Public Health (DPH). She is the visionary and founding lead of the first AAIMM Community Action Team (CAT) in L.A. County and the co-lead of the South LA/South Bay AAIMM CAT, developed in 2018.

Ms. Jones has worked within DPH and DHS for the past 26 years, serving in various programs to improve the health and wellness of women, men, children and their families throughout the County. She previously completed the Women's Policy Institute fellowship 2019-2020 with the Women's Foundation of California on the L.A. County Health Justice Team, and co-developed a Doula Board motion to improve the health and birth outcomes of Black women and babies, locally, regionally with plans for statewide. She has received numerous service awards, some of which include the Maternal Mental Health Now 2023 Perinatal Mental Health Champion Award, Stratiscope 2021 Impact Makers to Watch Award, the 2021 Sister Circle honor from Assemblymember Sydney Kamlager and the L.A. County Department of Mental Health Service Area 6 Clergy 2021 Outstanding Community Service Award and the.



# Los Angeles County African American Infant and Maternal Mortality Prevention Initiative Program Update

Melissa R. Franklin, EdD, MBA  
Director, Maternal, Child, and Adolescent Health  
Division  
Los Angeles County Department of Public Health

Adjoa Jones, MBA  
Director of Outreach & Engagement

Los Angeles County Department of Public Health ,  
Maternal Child & Adolescent Health Division– African  
American Infant & Maternal Mortality (AAIMM)  
Prevention Initiative

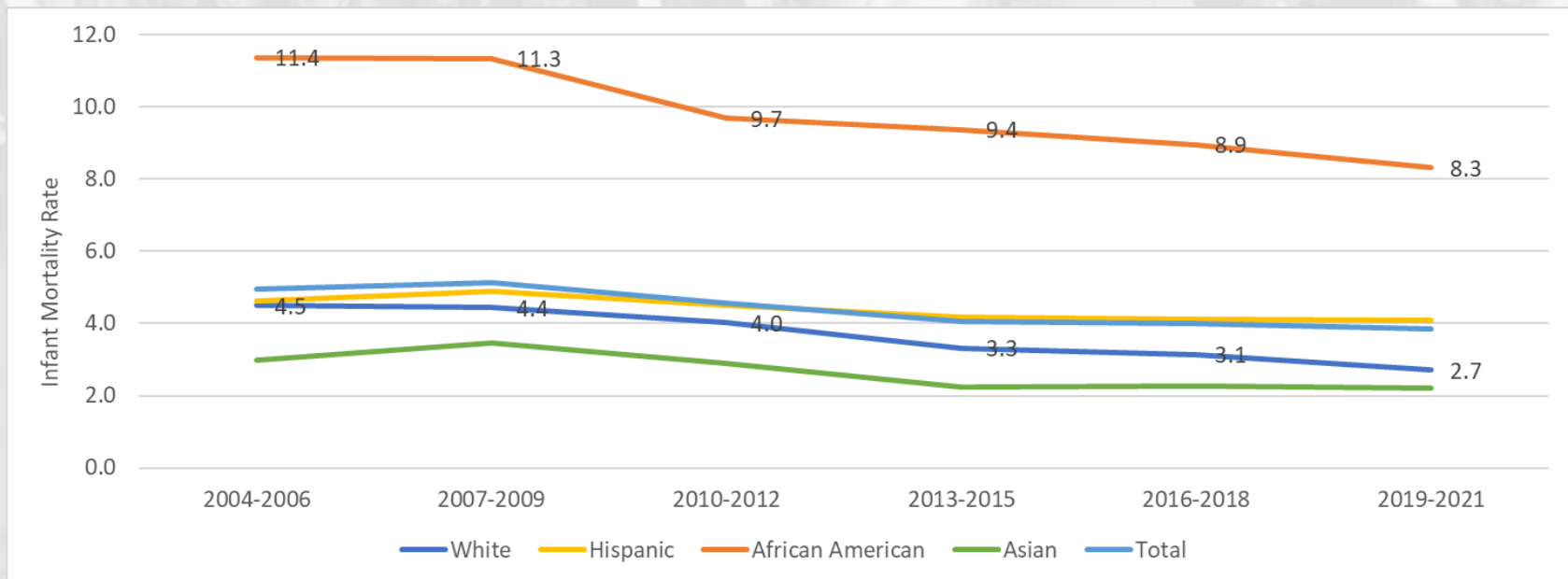
April 25, 2023

# Today's Presentation

- Los Angeles County Birth Justice Context – What the Data Tells Us
- Los Angeles County African American Infant and Maternal Mortality Prevention Initiative
  - Structural elements
  - Programmatic achievements
- Looking Ahead
- Lessons Learned
- Final Thoughts and Connect with Us

BRD-11 E-4

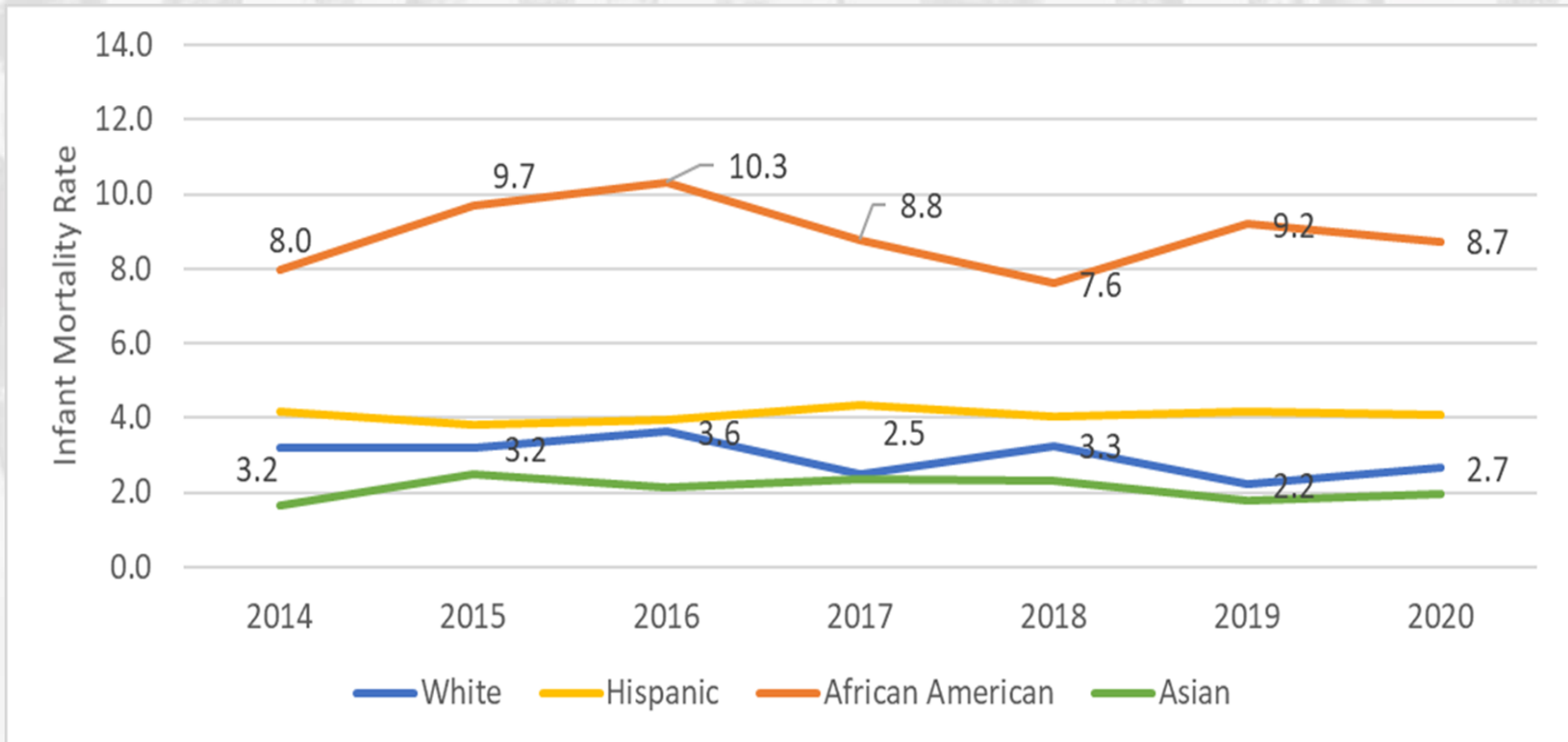
## Infant Mortality Rate (infant deaths/1,000 live births) by Mothers' Race/Ethnicity, 3-Year Averages, Los Angeles County 2004-2021



Notes: Infant mortality rate is defined as the number of deaths to infants within the first year of life per 1,000 live births. Data not shown for Native Americans, Pacific Islander, Other, and Unknown races. Three-year averages used to account for random and annual rate fluctuations.

Data Source: 2004-2017 California Department of Public Health, Birth and Death Statistical Master Files. 2018 -2021 data downloaded from the Vital Record Business Intelligence System (VRBIS).

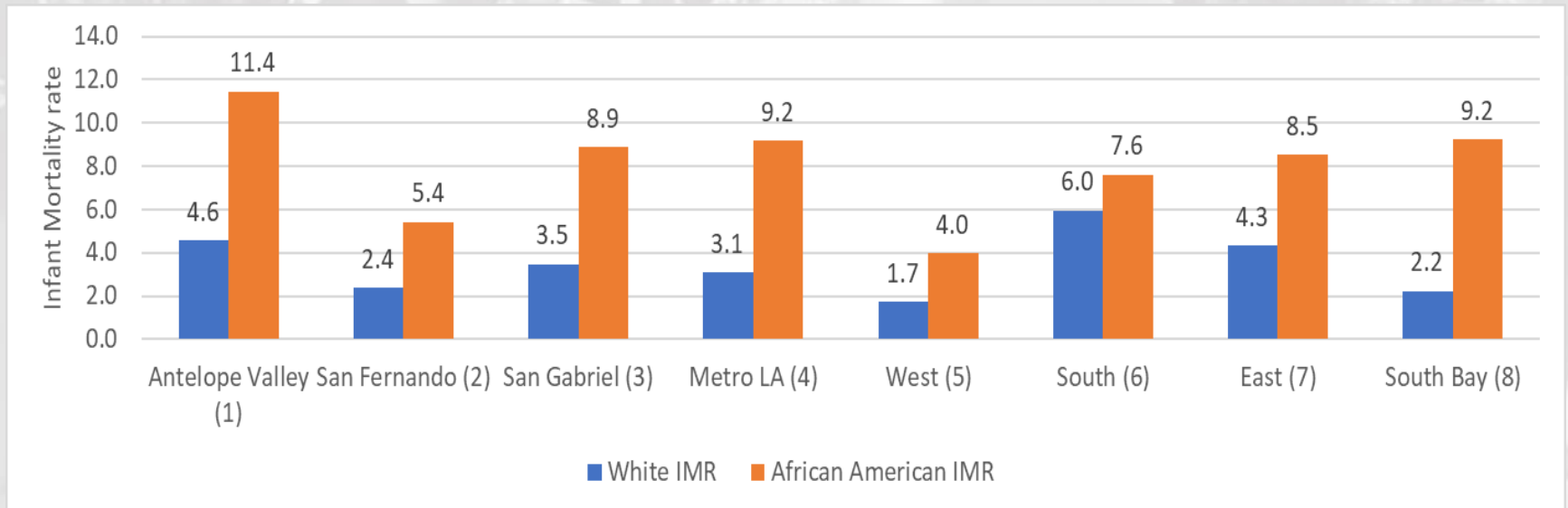
## Infant Mortality Rate (infant deaths/1,000 live births) by Mothers' Race/Ethnicity and Year, Los Angeles County 2014-2020



Notes: Infant mortality rate is defined as the number of deaths to infants within the first year of life per 1,000 live births. Data not shown for Native Americans, Pacific Islander, Other, and Unknown races. Data Source: Source: 2003-2017 California Department of Public Health, Birth and Death Statistical Master Files. 2018-2020 birth and death records downloaded from the Vital Record Business Intelligence System (VRBIS).

BRD-11 E-6

## Infant Mortality Rate (infant deaths/1,000 births) by Mothers' Race and Service Planning Area (SPA), 3-Year Average, Los Angeles County 2019-2021

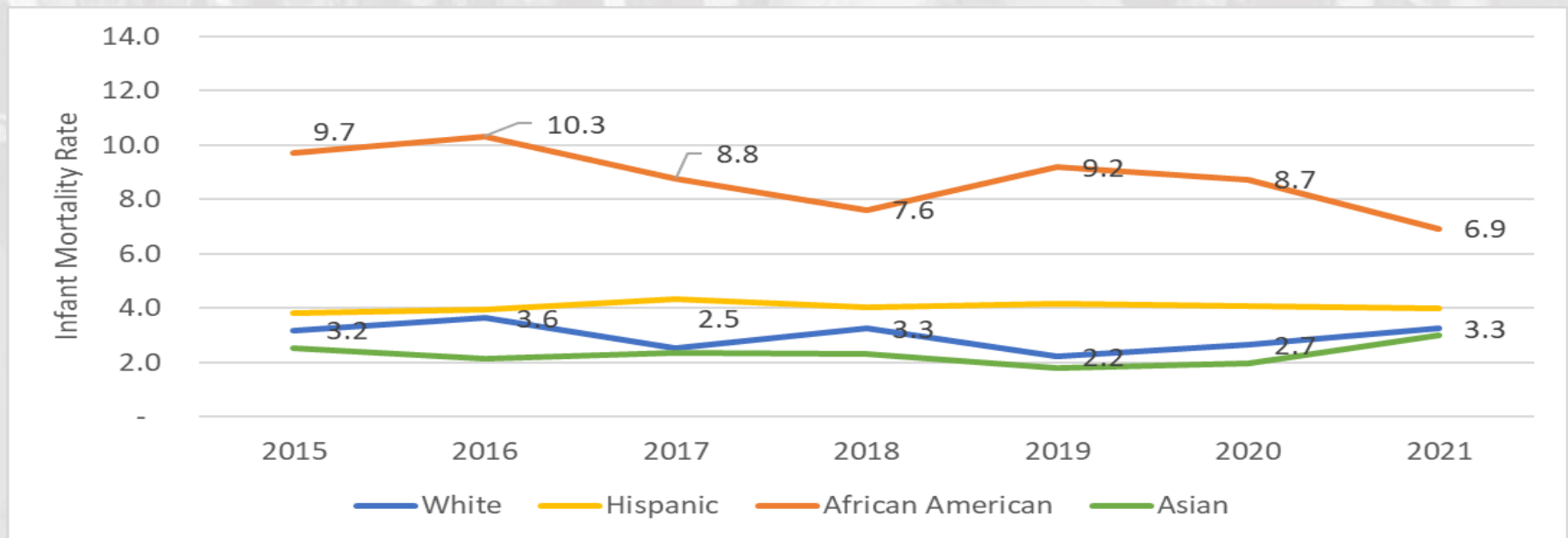


Notes: Infant mortality rate is defined as the number of deaths to infants within the first year of life per 1,000 live births. Data not shown for Hispanic, Asian, Native American, Pacific Islander, Other, and Unknown race. Three-year averages used to account for random annual rate fluctuations. Birth data for 485 White and 157 Black births, and data for 2 White deaths where SPA designation was missing are excluded. SPA designations based on 2010 census data. Data Source: 2019 -2021 data downloaded from the Vital Record Business Intelligence System (VRBIS).

BRD-11 E-7

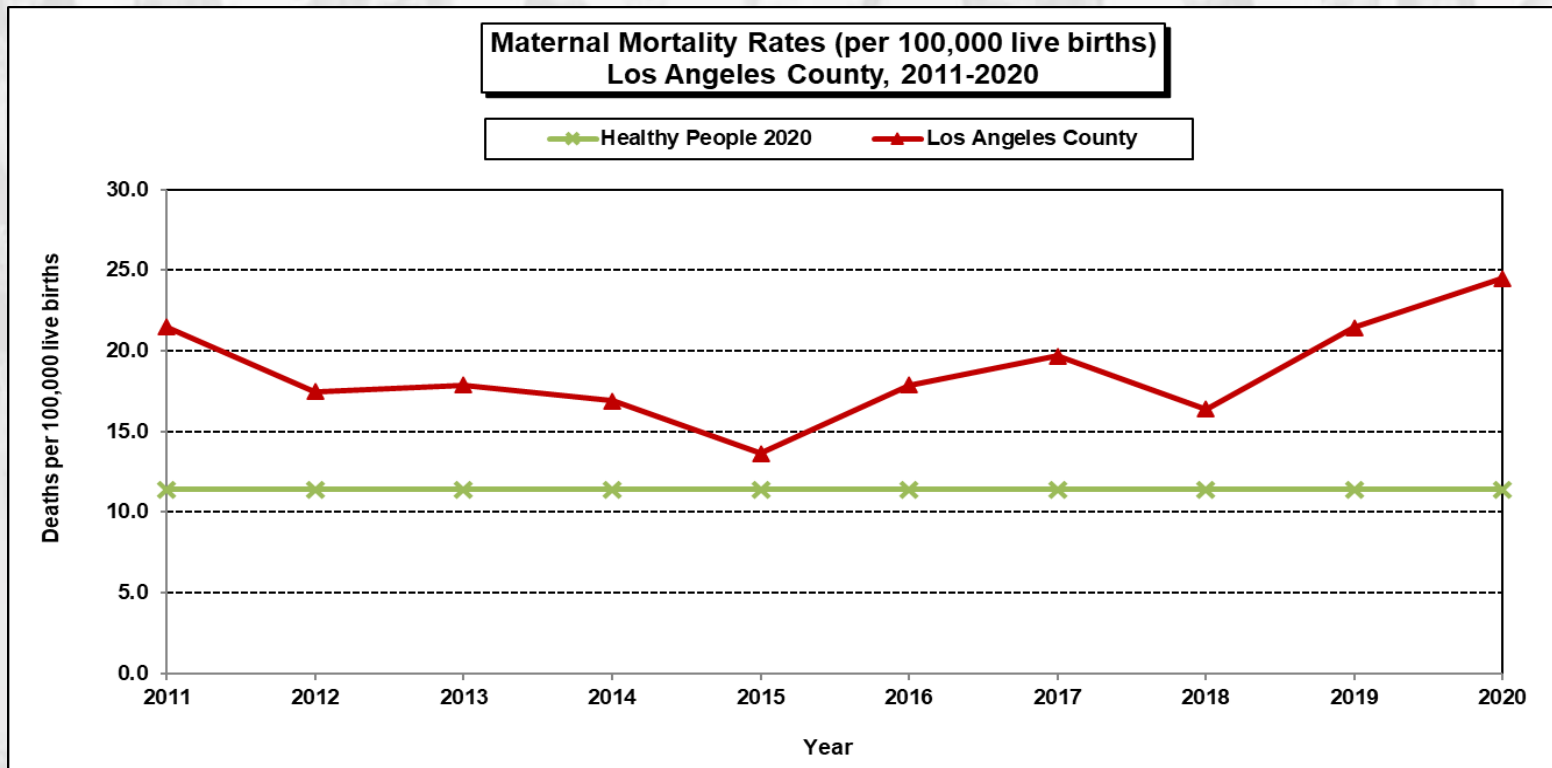


## Infant Mortality Rate (infant deaths/1,000 live births) by Mothers' Race/Ethnicity and Year, Los Angeles County 2015-2021



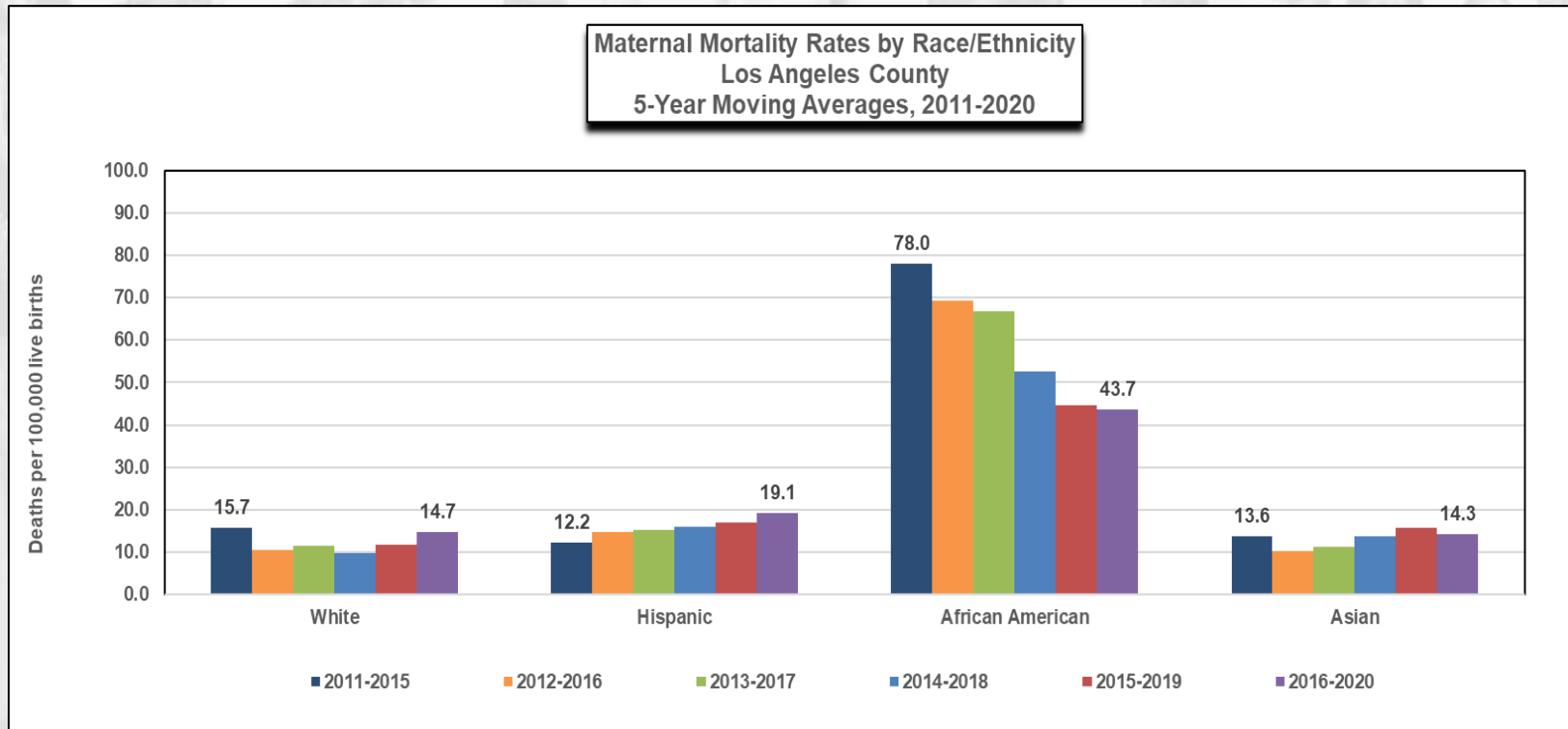
Notes: Infant mortality rate is defined as the number of deaths to infants within the first year of life per 1,000 live births. Data not shown for Native Americans, Pacific Islander, Other, and Unknown races. Data Source: Source: 2015-2017 California Department of Public Health, Birth and Death Statistical Master Files. 2018-2021 birth and death records downloaded from the Vital Record Business Intelligence System (VRBIS).





Note: "Maternal Mortality Rate" is defined as the number of female deaths due to obstetric causes (ICD-10 codes A34, O00-O95, O98-O99) within 42 days of a pregnancy per 100,000 live births

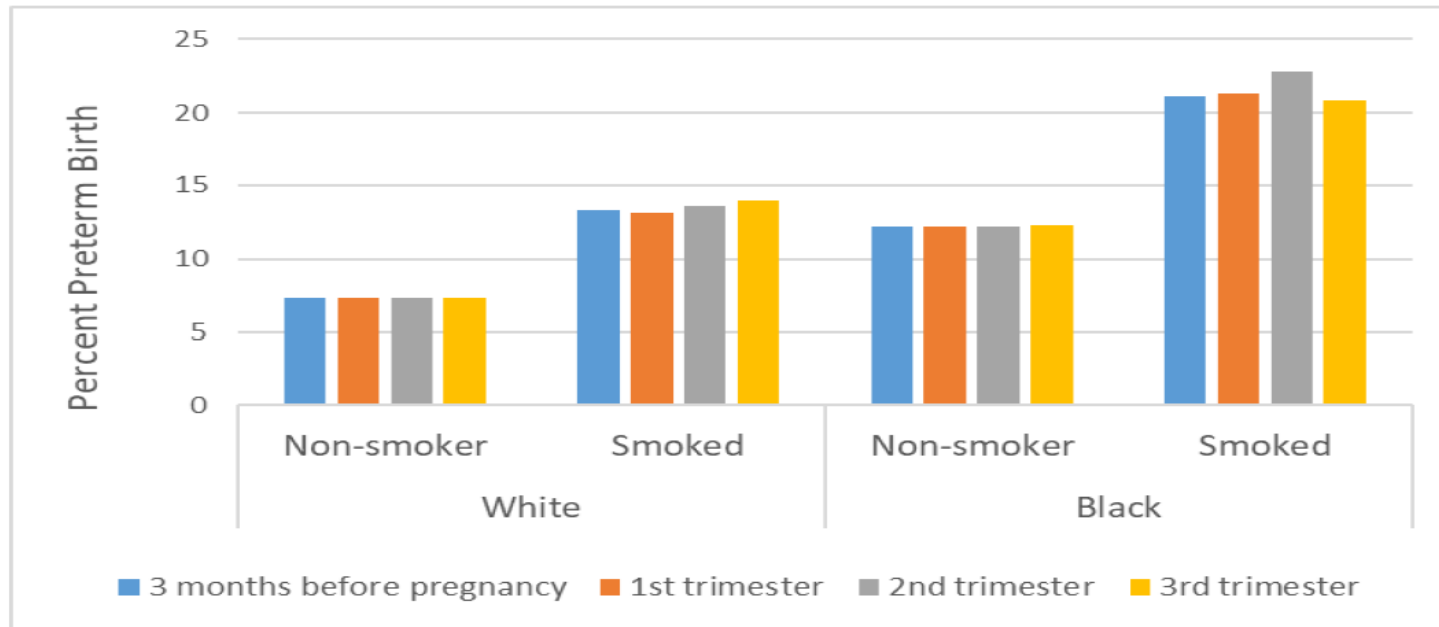
Sources: California Integrated Vital Records System, 2018-2020, California Department of Public Health, Birth and Death Statistical Files, 2011-2017



Note: "Maternal Mortality Rate" is defined as the number of female deaths due to obstetric causes (ICD-10 codes A34, O00-O95, O98-O99) within 42 days of a pregnancy per 100,000 live births

Sources: California Integrated Vital Records System, 2018-2020, California Department of Public Health, Birth and Death Statistical Files, 2011-2017

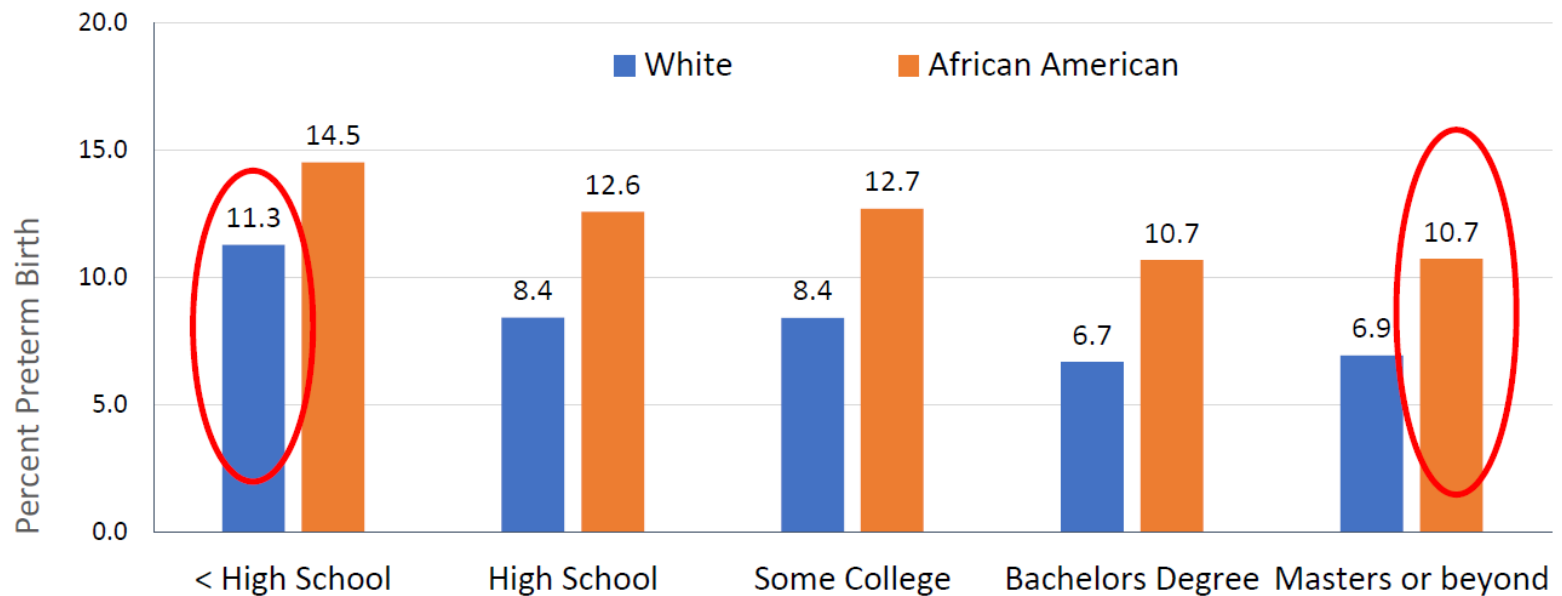
## Preterm Births (17-36 weeks) by Mothers' Race and Smoking Status, 3-Year Averages, Los Angeles County 2019-2021



Notes: Preterm births are defined as babies born 17-36 weeks gestation. Gestational age based on obstetrical estimation. Three-year averages used to account for random annual rate fluctuations.

Data Source: 2019-2021 birth records downloaded from the Vital Record Business Intelligence System (VRBIS).

## Preterm Births (17-36 weeks) by Mothers' Race and Education, 3-Year Averages, Los Angeles County 2019-2021

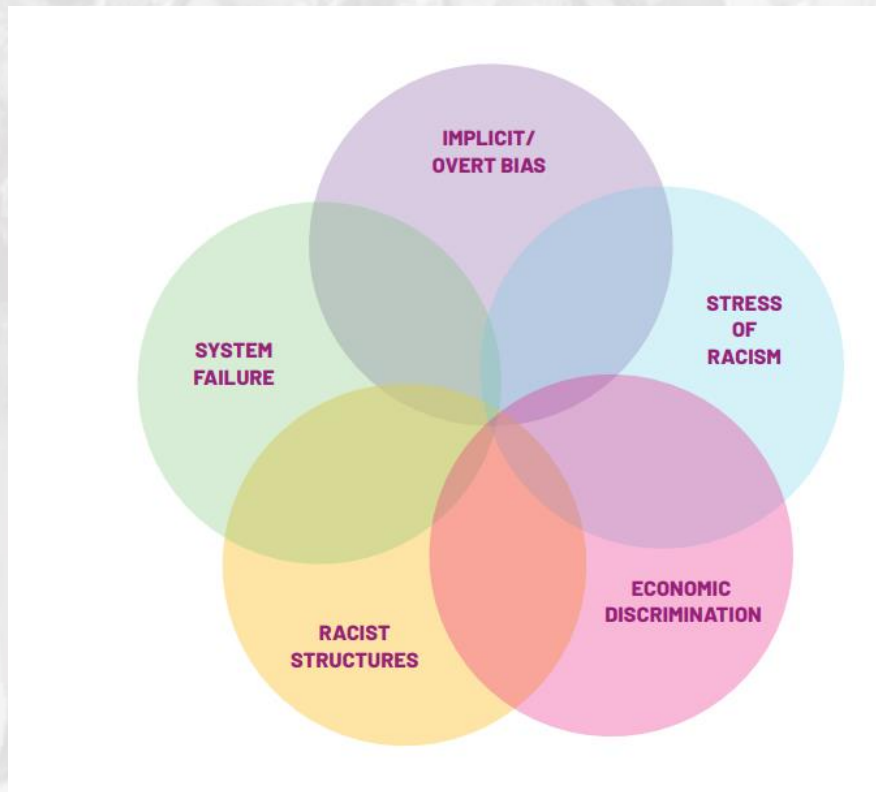


**\*Education attainment at time of delivery**

Notes: Preterm births are defined as babies born 17-36 weeks gestation. Gestational age based on obstetrical estimation. Three-year averages used to account for random annual rate fluctuations.

Data Source: 2019-2021 birth records downloaded from the Vital Record Business Intelligence System (VRBIS).

# SITUATION: IT'S COMPLICATED



BRD-11 E-13

# AAIMM Overview: Our Response to the Crisis



# Who We Are



AAIMM is a coalition of the LA County Department of Public Health and First 5 LA along with the Departments of Health Services and Mental Health, community organizations, mental and health care providers, funders, and community residents. Our goals are the elimination of inequality in birth outcomes faced by Black residents of LA County. and to ensure healthy and joyous births for LAC’s Black families.

BRD-11 E-15



# AAIMM Values



**RACISM  
IS THE  
ROOT CAUSE**



**BLACK WOMEN  
UP FRONT  
AND LEADING**



**FOSTERING  
EQUITY WHILE  
FIGHTING  
INEQUITY**

FOR BLACK WOMEN  
OF ALL SOCIO-ECONOMIC  
BACKGROUNDS

REPRODUCTIVE JUSTICE

ANTI-RACISM,  
ANTI-IMPLICIT BIAS



**PIECES OF  
THE PUZZLE**

EVERYONE  
HAS A ROLE



**NO BLAME  
GAME**

BIRTH OUTCOMES  
ARE A RESULT  
OF SYSTEMIC ISSUES,  
NOT AN INDIVIDUAL  
WOMAN'S CHOICES

BRD-11 E-16

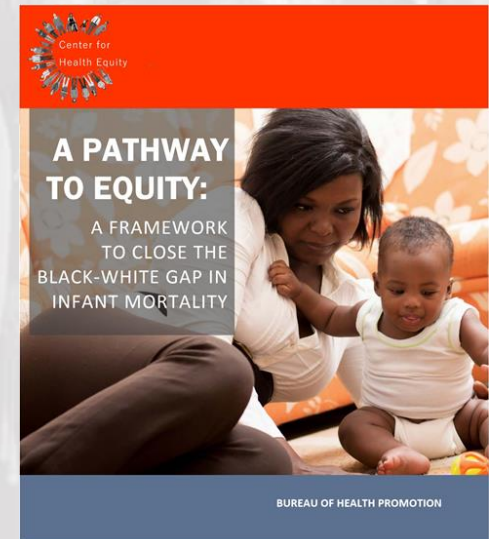
# AAIMM Program Framework

**Strategy 1: Reduce women's exposure to stressors in the social environment.**

**Strategy 2: Block the pathway from social stress to physiological stress.**

**Strategy 3: Intervene as early as possible if/when stress has taken a toll on health.**

**Strategy 4: Create infrastructure needed to achieve 1-3**



Source:  
<http://publichealth.lacounty.gov/centerfortheequity/PDF/AAIM-ActionPlan.pdf>

BRD-11 E-17

# AAIMM Actions

**Recognizing that the stress caused by racism and discrimination drives the disparity, AAIMM works to:**

Support collaborative structures at local and county levels.

- **Steering Committee**
- Community Action Teams
- AAIMM Village Fund

Reduce threats to health (social stressors)

- **Public awareness campaign**
- SDOH: Earned Income Tax Credit, paid family leave

Improve health (stress reducers)

- AAIMM Doula Program
- **Group prenatal care**
- **Fatherhood support**

Provide health care designed to avert major consequences of stress

- Cherished Futures for Black Moms and Babies hospital perinatal quality improvement project
- Charles Drew University Black Maternal Health Center of Excellence
- Clinical prevention of preterm birth
- **Pregnancy intent screening and preconception health promotion**



BRD-11 E-18

# AAIMM Infrastructure

## Key Elements

- Steering Committee
- 4 Community Action Teams
- Doula Advisory Committee

## Approach

- Collaborative of collaboratives
- Shared decision making
- Community engagement via CATs

LA County AAIMM Initiative  
Collaborative Structures & Steering  
Committees Representation



BRD-11 E-19



# AAIMM Community Action Teams (AAIMM CATs)

- **Purpose:** A **collaborative partnership** between LA County Departments of Public Health, Health Services, Mental Health, community members, community-based organizations, health care providers, faith-based organizations, and businesses **united in reducing the rates of African American infant and maternal mortality and morbidity all all levels.**
- **Structure:** Co-led by DPH staff and Community Members
- **Locations:** SPAs 1, 2, 3, 6, and 8



# AAIMM Community Action Teams (Cont'd)

- **Activities**

- Bi-Monthly All CAT member meetings (open to all)
- Monthly Workgroup Meetings (open to all)
- Maternal mental health and prenatal support groups
- Black Daddy Dialogues
- Black Maternal Health Week
- Black Breastfeeding Week
- Father's Day Juneteenth Resource Fair/Baby Shower
- Virtual Perinatal health monthly topics and community-provider conversations
- Community/Individual support efforts, incl. Capacity Building Training
- Special awareness events, including development/support of Outreach/Media Campaigns
- Collaborative partnerships, events and referrals with local community based organizations.









# AAIMM DOULA PROGRAM



## Program Goal

Healthy and joyous pregnancies and births for Black women and families



## Doula Support

Evidence shows that continuous doula support can decrease preterm births (leading cause of infant mortality)



## Infant Feeding Support

Evidence shows that continuous doula support can increase breastfeeding initiation and duration



## Infant Care and Safety

We provide baby items, childproofing kits, books, resources and information about infant care and safety



## Client-centered Support

We provide culturally affirming care, education, and advocacy during pregnancy, labor, birth and the postpartum period.



## Wrap-around support

Clients will receive three prenatal and three postpartum visits, continuous labor and birth support, lactation/feeding support and linkage to resources.

# AAIMM DOULA PROGRAM

## Client Eligibility

The AAIMM Doula Program offers free doula services to Black birthing families in Los Angeles County

- Black birthing families in Los Angeles County
- 18 or older and/or foster youth
- No insurance, income or gestational age requirement
- To learn more visit our website [www.blackinfantsandfamilies.org](http://www.blackinfantsandfamilies.org)

## How to refer

To refer to the AAIMM Doula Program, email the following information to [AAIMMDoulas@ph.lacounty.gov](mailto:AAIMMDoulas@ph.lacounty.gov)

- Name
- Phone number
- Estimated Due Date (EDD)
- Zip code

BRD-11 E-24

# Doula Program

- Current status
  - Fully staffed
  - State Home Visiting Innovation Grant provides three year support for base program
  - Care First and Community Investment (CFCI) grant supports special prison program
- Enrollment
  - 880 referrals
  - 300 current clients
  - 400 births
- Outcomes
  - Increased breastfeeding, reduced c-sections, increased connection to MH services,

BRD-11 E-25



Fathers can influence pregnancy outcomes through the support they provide birthing partners and improve birth outcomes and developmental milestones.

## 5 Weekly Session on Tuesdays @6:30p

We Empower Fathers through education, support and navigation tools for the prenatal, labor and deliver, postpartum and parenting periods.

- Advocacy Support in prenatal visits
  - Creating a Birth Plan
  - Delivery Preparation
  - NICU information
- Paternal & Maternal Postpartum Depression
  - Breastfeeding Assistance
  - Clothing, feeding, diapering
    - Resources
    - And More!



**Black Infants & Families**  
A Los Angeles County AAIMH Prevention Initiative  
BlackInfantsAndFamilies.org/Fatherhood

### EXPECTING FATHERS GROUP

**DADS, GET READY FOR FATHERHOOD!**

Sign up for the **Expecting Fathers Group for Black Dads**, and set your fatherhood goals with a group of soon-to-be Black fathers. Become empowered to advocate for yourself and your partner. Learn what to expect in each stage of pregnancy, how to activate a village of support for you and your partner, and how your involvement can lead to a more healthy and joyous birth for both your baby and your pregnant partner.

Join a community of support and get access to the tools you need.

To learn about upcoming dates and sign up for our **FREE Zoom workshops**, please email: [dmauldin@ph.lacounty.gov](mailto:dmauldin@ph.lacounty.gov).

**TOPICS IN THE 5 EDUCATIONAL SESSIONS:**

**WEEK 1** Prenatal Support during pregnancy. Create a Birth Plan.

**WEEK 2** What to expect during labor and delivery.

**WEEK 3** Postpartum support. Postpartum depression.

**WEEK 4** Embrace responsibilities associated with infant care.

**WEEK 5** Encouragement: Resources / Bring it all together.

**NOTE: SESSIONS ARE TUESDAYS AT 6:30 P.M.**

**FATHERS, SCAN TO ENROLL**

Or text DAD to 323-746-2771 to learn more about our Fatherhood Program.




**BLACK DADS MATTER. LET'S HELP EACH OTHER IN OUR FATHERHOOD JOURNEY.**

Funded by the California Department of Public Health Perinatal Equity Initiative via the Los Angeles County Department of Public Health Division of Maternal, Child and Adolescent Health.

BRD-11 E-26

# Up Next

Sustainable funding

- Perinatal Equity Initiative is key

- Opportunities for 3<sup>rd</sup> party payment

Sustainable infrastructure

- Strategic planning focus on Steering Committee/CAT relationship

Continuous building Community member engagement/partnerships

Deepening clinical care quality efforts and relationships

Social Determinants of Health Focus

Guaranteed Income Pilot

# Lessons Learned

- 400 years of harm cannot be reversed in just 4 years of intentional effort
  - Contexts need to be addressed as well
- Solidarity is Vital for sustainability and seeds of impact
  - Multicultural
  - Multisectoral
  - Multidiscipline
- An intense and sustained focus on those most harmed is the only way that we will see impact for those most harmed
- An intense and sustained focus on those most harmed benefits everyone
  - Doula MediCal benefit, implicit bias training, increased accountability, clinical quality improvement
- Clinical quality and surviving birth is bare minimum, abundance, life, joy and long term wellbeing is the outcome
- Ask WHY before asking HOW – both require wisdom from lived experience

BRD-11 E-28



Amber Isaac, seen with partner Bruce McIntyre, passed away shortly after giving birth at the Montefiore Medical Center in The Bronx.  
Photo: Courtesy of Bruce McIntyre



THERE IS NO  
"ACCEPTABLE RATE"  
OF MATERNAL  
MORTALITY



Source: IG: 4Kira4Moms and AD -Facebook



---

Celebrate, encourage and advocate for the well-being of Black women and infants!

---

Join our AAIMM CAT listservs:

**Email – [ajones@ph.lacounty.gov](mailto:ajones@ph.lacounty.gov)**

---

Learn more about the Los Angeles County AAIMM Initiative – Take the pledge on the website and follow us on social media:

**[Blackinfantsandfamilies.org](http://Blackinfantsandfamilies.org)**

---

Attend a bi-monthly AAIMM CAT meeting and/or join a Workgroup.

**GET  
INVOLVED**

BRD-11 E-30

## STAY IN TOUCH

Melissa Franklin, EdD, MBA  
Director, Division of Maternal, Child, & Adolescent Health  
Health Promotion Bureau • Los Angeles County Department of Public Health  
(213) 639-6401  
[mfranklin@ph.lacounty.gov](mailto:mfranklin@ph.lacounty.gov)

Adjoa Jones, MBA  
AAIMM Outreach & Engagement Director, Division of Maternal, Child &  
Adolescent Health  
Health Promotion Bureau • Los Angeles County Department of Public Health  
(213) 541-3938  
[ajones@ph.lacounty.gov](mailto:ajones@ph.lacounty.gov)

Helen O'Connor, MSPH, MA, LES  
Health Program Analyst, Division of Maternal, Child & Adolescent Health  
Health Promotion Bureau • Los Angeles County Department of Public Health  
(323) 440-9822  
[hoconnor@ph.lacounty.gov](mailto:hoconnor@ph.lacounty.gov)

BRD-11 E-31